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maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 39207 7590 08/11/2005 SACCO & ASSOCIATES, PA P.O. BOX 30999 PALM BEACH GARDENS, FL 33420-0999 83/2005 MBELETE2 00000040 10678484				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, muchave its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an enveloy addressed to the Mail Stop ISSUE FEE address above, or being facsimit transmitted to the USPTO (571) 273-2885, on the date indicated below.		
				:1501 :1504 :8001	1400.00 OP 300.00 OP	
APPLICATION NO.	FILING DATE		FIRST NAME	OINVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/678,484 FITLE OF INVENTION: F	10/03/2003 RF PHASE DELAY LINES V	WITH VARIABLE	James J. DISPLACEN	MENT FLUIDIC DIELECTR	7162-86 IC	
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	11/14/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS		
HAM, SEUNGSOOK		2817		333-156000	_	
1. Change of correspondence address or indication of "Fee Address" (3 CFR 1.363). Change of correspondence address (or Change of Corresponden Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.			2. For printing on the patent front page, list Sacqo & Associates, (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PTO/SB/47; Rev 03-02	or more recent) attached. Us	e of a Customer	listed, no	name will be printed.	-	
PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME ANI	or more recent) attached. Us D RESIDENCE DATA TO I	BE PRINTED ON T	listed, no	name will be printed. Γ (print or type)	-	
PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME ANI PLEASE NOTE: Links	or more recent) attached. Us D RESIDENCE DATA TO I	BE PRINTED ON T	listed, no	name will be printed. Γ (print or type) lear on the patent. If an assis	gnee is identified below, the o	document has been filed
PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME ANI PLEASE NOTE: Links	O RESIDENCE DATA TO Be an assignee is identified be n 37 CFR 3.11. Completion	BE PRINTED ON Telow, no assignee of this form is NOT	listed, no difference of the PATENT data will app I a substitute	name will be printed. Γ (print or type) lear on the patent. If an assis		document has been filed
PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth i (A) NAME OF ASSIGN HARRIS C	O RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion NEE	BE PRINTED ON T elow, no assignee of this form is NOT	listed, no defined in the PATENT data will app I a substitute in RESIDENCE MELBOU	name will be printed. (print or type) ear on the patent. If an assignment. CE: (CITY and STATE OR COURNE, FL	OUNTRY)	
PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth i (A) NAME OF ASSIGN HARRIS C	O RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion NEE	BE PRINTED ON T elow, no assignee of this form is NOT	listed, no defined in the PATENT data will app I a substitute in RESIDENCE MELBOU	name will be printed. (print or type) ear on the patent. If an assignment. CE: (CITY and STATE OR COURNE, FL		
PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth i (A) NAME OF ASSIGN HARRIS C Please check the appropriat The following fee(s) are	or more recent) attached. Use D RESIDENCE DATA TO Be an assignee is identified be n 37 CFR 3.11. Completion NEE CORPORATION e assignee category or category enclosed:	BE PRINTED ON T elow, no assignee of this form is NO (B ories (will not be pr	listed, no a listed, no a listed, no a listed and a listed at a substitute at	reame will be printed. (print or type) lear on the patent. If an assignment. CE: (CITY and STATE OR COUNTY of FL patent): Individual Fee(s):	OUNTRY) Corporation or other private gr	
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Authorized Signature

Robert J. Typed or printed name _ Sacco

35,667 Registration No.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.

10/678,484

Confirmation No.

1432

Applicant Filed

RAWNICK

Oct. 3, 2003

TC/A.U.

2817

Examiner

HAM, Seungsook

Docket

7162-0086

Customer No.

39207

TRANSMITTAL LETTER

Mail Stop Issue Fee Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Please find attached for filing:

- ✓ PTOL-85 Fee Transmittal
- ✓ Fee: \$1709
- ✓ Other: Postcard Receipt
- ✓ Please charge any deficiencies or credit any overpayments to Deposit Acct. No. 50-2884.

Respectfully submitted,

Robert J. Sacco

Registration No. 35,667

SACCO & ASSOCIATES, P.A.

P.O. Box 30999

Palm Beach Gardens, FL 33420-0999

Tel: 561-626-2222

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